



## **ARIZONA CHILD SAFETY TASK FORCE MINUTES**

**Tuesday, November 29, 2011**

**9:00 AM**

**1700 W. Washington, Governor's 2<sup>nd</sup> Floor Conference Room  
Phoenix, Arizona 85007**

A public meeting of the Arizona Child Safety Task Force was convened on November 29, 2011 in the 2<sup>nd</sup> Floor Conference Room, 1700 West Washington, Phoenix, Arizona 85007. Notice having been duly given. Present and absent were the following members of the Task Force.

### **Members Present**

Bill Montgomery (Chair)	Eddie Farnsworth
Clarence Carter (Vice-Chair)	Linda Gray
Katrina Alberty	Cindy Knott
Steven Anderson	Leah Landrum Taylor
Grace Bee	Cassandra Larsen
Veronica Bossack	Terri Proud
David Byers	Martin Shultz
J. Kipp Charlton	Steven Twist
Anne Donahoe	

### **Members Absent**

Robert Brutinel

### **Staff Present**

Jamie Bennett, Governor's Office  
Rebecca Baker, Maricopa County Attorney's Office  
Daniel B. Seiden, Maricopa County Attorney's Office

#### **1. Call to Order**

Chair Bill Montgomery welcomed everyone to the Arizona Child Safety Task Force meeting.  
Meeting was called to order at 9:06 a.m.

#### **2. Opening Remarks by the Governor**

Governor Jan Brewer thanked all the Task Force members for their commitment to review Arizona's child safety system in advance of their recommendations. She encouraged the Task Force to continue their hard work and wished everyone a Merry Christmas.

#### **3. Opening Remarks by the Chair and Vice-Chair**

Chairman Montgomery welcomed everyone back to the second Task Force meeting and thanked the Task Force members for their commitment and work.

Vice-Chair Clarence Carter also thanked the Task Force for its work and delivered remarks regarding the necessity of public attention on child safety. Director Carter also stated he has provided follow-up answers to questions from Task Force members from the previous meeting. He announced there would be a presentation specifically on joint investigations by Ed Truman from the Arizona Attorney General's Office. Director Carter acknowledged Mr. Truman was selected as a presenter on joint investigations because of his qualifications and current position.

#### **4. Approval of Minutes for 11/16/2011 Meeting**

Mr. Montgomery made a brief comment regarding the call to the public period of the meeting. He reiterated members of the public were welcome to address the Task Force after filling out a request to speak form, which were available at the sign-in table outside the conference room. Mr. Montgomery reminded the public that testimony would be limited to one minute at this meeting. However, he noted the next meeting would afford members of the public three minutes to address the Task Force.

Mr. Montgomery also announced the meeting would briefly recess for lunch, most likely around 12:30. He then brought to the Task Force's attention the draft meeting minutes from November 16, 2011, affirmed that members received a copy of the draft minutes, and provided an opportunity for changes. After seeing none, he moved to approve the minutes. The minutes were unanimously accepted as drafted.

#### **5. Presentation on CPS Investigations**

Director Carter introduced the presenter, Ed Truman, from the Arizona Attorney General's Office. He read a brief biography on Mr. Truman and then offered him the floor to address the Task Force. Mr. Truman shared a PowerPoint presentation on joint investigations between Child Protective Services (CPS) and law enforcement.

During his presentation, Mr. Truman gave a brief overview and Task Force members engaged in discussion on the following:

- The history of the establishment of joint investigation protocols
- Definition and outline of joint investigations
- Defining and recognizing criminal conduct
- Protocols
  - Who/what determines if there will be a joint investigation (question by Steve Twist)
    - Mr. Truman confirmed that when there have been allegations of criminal conduct a joint investigation is triggered.
  - Who takes the lead on the investigation when joint investigations are initiated? (question by Steve Twist)
    - Mr. Truman stated it is usually whoever receives the information. It is most common for a patrol officer to respond to a call, rather than a specialized officer. In rural counties, who responds and how quickly they respond varies.
- Cross-training across disciplines
  - Importance
  - Benefits/effect on outcomes
- Reports
  - Issues of data sharing: comment by Mr. Montgomery that the separate reports were a requirement from 2003 changes. He has found, however, that county attorney offices

and the Department are sharing information when preparing their reports. Mr. Truman concurred on his comments.

- Are all county attorneys reporting? (question by Dr. Charlton) Mr. Montgomery was unsure and suggested looking into the compliance rate across counties.
- “Missing child” reason cited in reporting for not conducting interview (question by Mr. Montgomery)
  - Lack of available tools for CPS caseworkers to address (question by Mr. Montgomery) Mr. Truman mentioned CPS workers are able to stay outside the home and wait for law enforcement to arrive. Mr. Montgomery noted that the reason being is for CPS workers to be able to respond and get an assessment as soon as possible.
- Procedures for dispute resolution
- Statutory authority of CPS
  - Comment by Mr. Montgomery about the requirement for there to be clear danger in order to temporarily remove a child and the issue it is hard to justify. Mr. Truman noted several checks the system has in regards to the removal process, specifically providing an overview of the removal review team meetings.
  - Possible statutory conflict between the requirements on CPS caseworkers to both protect the child as well as to provide supportive services (comment by Mr. Twist, which was affirmed by Mr. Montgomery).
- The purpose of joint investigations
- Challenges to joint investigations
- Keys to successful joint investigations

Senator Leah Landrum Taylor also suggested it would be beneficial to have law enforcement help take calls – central intake detectives. She stated she believes it would help to have individuals at the first point of contact that are able to recognize criminal conduct. During the presentation, Representative Eddie Farnsworth made an inquiry regarding the difference between the percentage of abuse and neglect cases, which Director Carter stated the numbers were in his presentation from the previous meeting.

Also mentioned during Mr. Truman’s presentation, David Byers asked Mr. Truman what his opinion was on how well the current joint investigation protocols are going. Mr. Truman noted that overall joint investigations are going pretty well in many areas and in many instances. However, in others they are not working well. Overall they work well, but could work better. Mr. Montgomery responded by asking Mr. Truman if he agreed if it was fair to say that we don’t hear about the good things, or how well we are doing. Mr. Truman responded that no matter how well everyone does their jobs the unfortunate reality is a child will still end up dying, it just happens. However, if one child is saved it is all worth it.

Dr. Cindy Knott then inquired on what could be done to improve the mutual commitments between CPS, law enforcement, county attorneys, and advocacy centers. Mr. Truman noted that regular meetings between entities involved could be improved and could help. Mr. Byers then suggested that changing the system doesn’t necessarily require drastic changes, but rather improvements and reforms to existing processes. He requested Mr. Truman submit a list of recommendations to the Task Force for consideration, based upon his experience and knowledge of the system. Mr. Truman stated he would consider the offer.

Director Carter then finished the presentation with an overview of the challenges and recommendations for joint investigations. Before beginning his presentation he noted that from 100,000 calls the hotline receives about 6% represent allegations of criminal conduct.

Within his presentations the following was discussed:

- Clarifying and strengthening roles within joint investigations
  - Marty Shultz asked why the slides used the terminology of “could” and “may” rather than “shall”. Director Carter stated he prepared the presentation as an objective overview, but he agrees they should be “shalls”. Mr. Montgomery suggested that changing the recommendations to requirements could be one of the Task Force’s recommendations to the Governor. Director Carter thanked Mr. Shultz for his comment; he stated it is sometimes difficult to take a step back from the day-to-day involvement in an issue in order to ask the common sense questions.
- Statutory requirements of CPS and caseworkers (unification versus separation)
  - Senator Landrum Taylor suggested it may be mutually beneficial to say “what is in the best interests of the child” so the people on the ground can make the determination of family preservation versus separation on a case by case basis. Director Carter suggested that statute can be changed easily, but perhaps a deeper look is needed. Senator Landrum Taylor shared a personal anecdote and suggested it does need to be reviewed. Mr. Montgomery encouraged her to bring the issue up at the next Task Force meeting.
- Hotline improvements
  - Director Carter suggested looking at private sector hotlines for ways to improve. He iterated the importance of and DES’ willingness to accept help in order to sharpen the system. He stated he will soon provide a list of specific improvements that will be made.
  - Dave Byers inquired on how long wait times are on the hotline. Mr. Montgomery responded by informing him it is anywhere from 25 to 45 minutes. Mr. Montgomery stated that is something that DES is looking at and needs to be addressed.
- Possible correlation between divorce and child abuse and neglect (comment by Senator Linda Gray)
  - Senator Gray then inquired whether DES is aware of what percent of cases are initiated after a divorce. Director Carter said she brought up an interesting point; however, he suggested the information is not easy to sift through. He stated he would look into whether or not DES collects that information. Mr. Montgomery affirmed the possible correlation as an interesting point, and suggested the Task Force look further into allegations related to separated parents, related cases, and possible effects.
- The importance and impact of having a system that is capable of weeding out false allegations
- How situations within joint investigations where entities reach gridlock are handled (question by Representative Farnsworth)
- Final authority within joint investigations
  - Comment by Director Carter that they are working on defining. There is currently

consideration of the possibility of a third party review if stakeholders disagree.

- Collaboration between schools, CPS, and law enforcement (question by Dave Byers)
  - Director Carter suggested it is difficult to un-silo entities when it comes to operational changes. He said unfortunately it may not work or happen as often as would like.

Mr. Montgomery recessed the meeting for a 20 minute break at 10:54am. The meeting was reconvened at 11:15pm.

## **6. Presentation on Law Enforcement Investigations**

Mr. Montgomery introduced Sheila Polk, Yavapai County Attorney, to present to the Task Force.

Ms. Polk's presentation and discussion with Task Force members covered:

- An overview of Yavapai County and their joint investigations
- Importance of joint investigation protocols and advocacy centers
- Difference between rural counties and Maricopa County and the importance of being able to adjust county model according to their own needs and resources
- Issues with data sharing across disciplines and stakeholder groups
  - Senator Landrum Taylor inquired as to why it is so difficult to share data and why it is not currently being done. Ms. Polk stated it was mainly because of the prevalence of antiquated systems and the ways data is stored and managed. Director Carter responded that looking at data sharing may be a "low hanging fruit opportunity". He suggested stakeholders get together and figure it out. Mr. Byers suggested that it is incredibly difficult to collect and share data, and that it is also complicated and expensive because of the way data is collected and sorted.
- No way to publish semi-annual report on joint investigations on Yavapai County website
- Law enforcement hotline
  - Inefficient, long wait times, layers of bureaucracy
  - There is a huge need for a process to provide for a quicker response by CPS – law enforcement should not have to call in to the hotline, wait for someone to assist them, and then go through the chain of response when they literally "have their eyes on the child".
  - Judge McVey suggested it would make sense to have separate hotlines for child safety professionals and the public. Ms. Polk confirmed there are two hotlines right now, but there are still problems with it. She suggested it needs to be streamlined.
  - Representative Farnsworth asked for confirmation there are two hotlines – one for law enforcement and another for the public. Ms. Polk confirmed, noting all other professionals, like doctors, have to use the public line. She suggested it is something that needs to be looked at.
- Training
  - Ms. Polk mentioned training is usually what gets cut because it is most often funded with discretionary funds
    - Need for more resources for training professionals
  - Huge need for increased and improved training across disciplines
  - Video conference capability to save on travel and time costs (prompted by Senator Gray)
    - Director Carter mentioned DES management will continue to look into utilizing video conferencing

- Children ages 0-1 years need to be prioritized
  - Consider a separate CPS baby unit or the development of separate protocols or training
- Advocacy centers
  - Ability to interview children one time under multidisciplinary approach
- Funding
- Witness tampering (prompted by Mr. Twist)
  - Ms. Polk stated witness tampering (or the lack thereof) can make or break a prosecution. She iterated the need for specialized training of CPS and law enforcement professionals, accordingly.

Dr. Knott asked Ms. Polk if her county is doing anything to empower older children to assist in the reporting of abuse or neglect on behalf of their younger siblings. Ms. Polk responded, noting that joint investigations play a big role because the child is only interviewed one time where all child safety professionals are present.

Mr. Montgomery thanked Ms. Polk for her time and the information she presented. Mr. Montgomery then welcomed Tami Suchowiejko from Coconino County Attorney's Office. Ms. Suchowiejko affirmed the County's concurrence on the need for increased communication between advocacy centers and law enforcement. She then read a statement from the Coconino County Attorney David Rozema.

Following Ms. Suchowiejko, Mr. Montgomery introduced Kathleen McLaughlin from the Arizona Child and Family Advocacy Network. Ms. McLaughlin presented the Task Force with an overview of advocacy centers in the state, their multidisciplinary approach, the National Children's standards, their challenges, and their strengths. One of Ms. McLaughlin's suggestions included looking into legislation to provide consequences for not following particular processes and protocols in order to improve compliance levels. Senator Gray suggested Ms. McLaughlin e-mail her some suggested legislative changes. Senator Leah Landrum Taylor inquired whether in areas where there are currently no advocacy centers in place, whether there are any efforts in the works to cover those areas. Ms. McLaughlin mentioned the advocacy centers generally have an open door policy for individuals from anywhere to receive services. She also stated they are working on and trying to expand geographically.

Marty Shultz brought up the question of if, should, and how the Task Force will gather and analyze information on the difference advocacy groups, centers, and stakeholders' strengths, weaknesses, and what they have to offer. He suggested it would be beneficial to understand as we try and understand where we are today and ways to leverage resources as we move forward. Mr. Montgomery thanked him for his point and suggested the Task Force keep it in mind as they move forward.

Mr. Montgomery recessed the Task Force at 12:36 pm. The meeting was reconvened at 1:30 pm.

Mr. Montgomery introduced Lieutenant Joe LeDuc from Scottsdale Police Department. Lt. LeDuc presented on some of the challenges he has perceived in joint investigations. Discussion from his presentation included:

- The underreporting and delayed reporting of child abuse and neglect

- The importance of co-locating CPS and law enforcement
- Formal and informal cross training between CPS and law enforcement (prompted by a question from Mr. Montgomery)
- Custody issues
- Mandatory reporters
  - Mental health providers/caretakers may not be reporting as often as they should/could be (prompted by a question from Senator Gray on any professionals that don't realize they have to report)

Following Lt. LeDuc's presentation, Mr. Montgomery introduced Detective Sergeant Genea Stephens for a presentation law enforcement investigations and advocacy centers. From her presentation and subsequent Task Force discussion, the following were covered:

- Co-location of services at advocacy centers
- 18 advocacy centers in the state
  - 6 are in Maricopa County
  - 5 are municipally funded
- Cross-training between law enforcement and CPS
- Importance of continual communication between law enforcement and CPS
- Efforts to increase collaboration between CPS and law enforcement (as prompted by question from Mr. Montgomery)
  - Increasing familiarity and developing personal relationships in order to facilitate cooperation
- Suggestions on how to improve turnover rate (as prompted by a question from Dr. Charlton on Sgt. Steven's suggestions)
  - Management to be more cognizant of workers' mental health
    - Change case assignments
    - To be sensitive and flexible
- Significance of putting child through only one interview where all stakeholders are present, but not visible
  - Minimize emotional impact on child
- Opportunity for faith-based organizations or community members to help meet the needs of advocacy centers (as prompted by a comment by Ms. Larsen)
  - Need for innovative solutions in current circumstances
- Medical contractors within advocacy centers (as prompted by a question from Senator Gray)
  - St. Joseph's Hospital
  - Phoenix Children's Hospital

Rachel Mitchell, the Maricopa County Attorney's Office Sex Crimes Bureau Chief, was then introduced by the Chair. Ms. Mitchell's statements resulted in discussion of the following:

- The "rules" of regular criminal conduct and how a victim is treated do not apply to child abuse and neglect cases – they are often treated very differently
- Issue of "disclosure disaster" and fragility of child abuse and neglect cases
- Importance of co-training, joint investigations, and single interviews with the child
- Opportunity to provide additional training to professionals (as prompted by Mr. Montgomery)
  - Children's Juvenile Justice Commission

- Witness tampering
  - Question by Senator Gray on whether or not separating siblings affects witness tampering. Ms. Mitchell suggested each case is different and should be reviewed and determined individually.
- The effects of kinship placement on a prosecution (question by Mr. Montgomery)
  - Opportunity for witness tampering
- Victim-centered approach versus objectively finding the truth (question by Mr. Twist)
- Importance of adequate training for professionals involved in the case

Concluding Ms. Mitchell's comments, Mr. Montgomery introduced John Gillis, the Bureau Chief of Victim Services at the Maricopa County Attorney's Office. Mr. Gillis stated in cases of child abuse or neglect, the child is most commonly victimized by a parent, guardian, caregiver, family member, or friend of the family. He encouraged an independent review of child abuse and neglect cases separate from CPS, specifically suggesting law enforcement involvement. Mr. Gillis iterated, however, the best tool of crime prevention is preventing the abuse or neglect from happening, thus preventing the cycle of crime. Steve Twist took a moment to share Mr. Gillis' background and thanked him for sharing his time and insight with the Task Force.

Following those comments, Mr. Montgomery acknowledged the need to statutorily provide for the protection of child victim's rights.

## **7. Presentation on the Education and Management of Child Safety Professionals**

Mr. Montgomery introduced Steven Anderson, Director of the School of Social Work at Arizona State University. Dr. Anderson presented the Task Force with an overview of the School of Social Work's role in the training and development of CPS workers, Social Security Act Title IV-E training funding, current workforce development and research efforts, an overview of the MSW and BSW education programs, and their supervisory, management, and in-service online training. He also reviewed current evaluation and research projects, the challenges in child welfare workforce development and broader child abuse and neglect education, and additional opportunities for enhanced workforce development and research contributions. Mr. Montgomery inquired whether the state match to the Title IV-E funding could be redirected to train and support a separate investigative unit within CPS. Dr. Anderson expressed he was uncertain. Director Carter and Dr. Anderson spoke briefly about the factor of financial silos in redirecting funds.

Steve Twist asked Dr. Anderson about the use of adjunct faculty in the ASU programs and offered to provide a class on victims' rights as an adjunct faculty member. Ms. Donahoe inquired on how many students tend to stay through their required two years and Dr. Anderson stated that a good portion of the students complete the required time, partially as a result of not wanting to pay back their waived tuition. Ms. Donahoe suggested it would be nice to provide additional supports for students to encourage their retention.

Additionally, Senator Gray asked Dr. Anderson whether applicants in the ASU program were selected upon income eligibility. Dr. Anderson said they are not, but rather, they are awarded upon compatibility with the program. It was noted that CPS workers are not required to have a social work degree; they are required to have a similar, four year degree. Cassandra Larsen asked whether hotline workers require a four year degree, at which Veronica Bossack, Assistance Director of the Division of Children, Youth, and Families within the Department of Economic Security (DES),



affirmed. Ms. Larsen suggested the Task Force consider staffing and staff management as potential areas to discuss.

Senator Gray inquired how many board certified MSWs DES currently employs, which Dr. Anderson was unable to confirm. Senator Gray also asked whether individuals from out of state that are board certified have to complete the required training from DES. Ms. Bossack confirmed they do and Director Carter clarified the training is Arizona specific and provides "core training". He also mentioned DES management has recently reviewed feedback from CPS employees on required training. As a result of their review, it has been noted a number of staff do not feel all the required training is very value-added. Director Carter mentioned it was an area they are currently reviewing and looking to improve.

Senator Gray also inquired on why the additional weeks of DES-specific training is not included in the ASU curriculum for BSW/MSW students. Dr. Knott also commented on the opportunity for ASU to closely work with CPS on possibly building some of the required CPS training into programs of study so graduates entering the field have those skills, reducing the required extra CPS training hours. She commented how it would only make sense that CPS and ASU communicate on what they are requiring from their workforce and to work together in building a stronger, and provide better prepared graduates/employees. She iterated it would build communication across stakeholders in protecting children. Dr. Anderson suggested a closer look into adopting the training into the program curriculum.

After Dr. Anderson spoke to strengthening retention factors for CPS workers, Ms. Larsen suggested actual tools (cell phones, hand held communication tools) for CSP workers in mind as we talk about retention and safety of the staff that is out on the street. Director Carter stated there is a need for a holistic approach. Steve Twist then asked is there is anything currently in place to encourage CPS workers up the career ladder within DES. Senator Gray added the question of whether or not there is a pay difference between a BSW and an MSW. It was confirmed there is no pay difference between the two degree levels. Accordingly, Mr. Montgomery suggested that may be a potential issue up for discussion.

In wrapping up his presentation, Dr. Anderson emphasized the importance of public engagement in reporting potential cases of abuse and neglect. Mr. Montgomery also added the need for protocol for medical examiners in reporting and responding to child abuse and neglect. Dr. Anderson completed his presentation with DES employee training and an overview of a new "Teach for America" concept as it relates to CPS.

Mr. Montgomery thanked Dr. Anderson for his presentation and introduced Kristine Reich, Attorney. Ms. Reich presented the Task Force with an overview of her experience in child safety and specifically as a change agent hired to implement changes that were made from 2003. Ms. Reich iterated the importance of "all hands being called on deck" and that the current child safety issues involve everyone, not only CPS. She also expressed the need to enhance the workforce to become critical thinkers. Steve Twist asked Ms. Reich how many hours a day basic training includes, and Ms. Reich stated it consists of 8 hours. Mr. Twist went on to ask her about forensic interviewing and its role in the needed training. Ms. Reich affirmed it is needed. She went on stress the importance of staff retention, making CPS workers feel valuable, important, and affirm the work they are doing. She concluded her remarks with a reminder of the importance for CPS to constantly be mindful of

the mission.

#### **8. Call to the Public**

The Chair noted there was a one minute time frame for public comment, however, additional time to testify before the Task Force would be provided in the next public meeting. Several members of the public who completed a request to speak form were called upon; however, they were no longer present.

Michael Orozco, retired law enforcement, introduced himself and provided the Task Force members with a brief history of his experience. He then offered the Task Force his availability to provide training to law enforcement on child abuse and neglect.

Heidi Miller introduced herself and highlighted a document she passed out to the Task Force members, giving a brief overview of her involvement with CPS.

Kathy Rau, Southern Arizona Child Advocacy Center introduced herself and provided the Task Force with two specific recommendations: to have a county-wide advocacy team housed in advocacy centers and to have a formalized law enforcement team for the investigations of child abuse and neglect cases.

#### **9. Closing Statements/Next Meeting**

Mr. Montgomery stated the next public Task Force meeting will be held on December 7, 2011 at 9:00 AM. He outlined the structure of the next meeting, announced there will be several subject-matter expert panels presenting information to the Task Force, the extended public comment period, as well as an update from Director Carter on DES improvements to date. Mr. Montgomery also mentioned that public input sent to the Task Force via e-mail will continue to be received through December 7, 2011 for Task Force consideration.

#### **10. Adjournment**

The Chair thanked everyone for attending the meeting. The meeting adjourned at 5:00 p.m.

November 16, 2011 Child Safety Task Force Meeting  
*Requests for Additional Information and Follow-Up*

Senator Landrum Taylor: Can we break out the relative vs. non-relative caregiver in 82%

**RESPONSE:**

March 31, 2011 -- Number of Children in Out of Home Care by Placement Type:

- 34.9% Relative Caregivers (N=3,738)
- 47.0% Family Foster Homes (N=5,021)

Justice Brutinel: Current response timeliness

**RESPONSE:**

Current Initial Response Timeliness (As of August 2011):

- Response Time 1: 2 hours – Present danger
  - Timeliness: 75.5%
- Response Time 2: 48 hours – Impending danger
  - Timeliness: 66.1%
- Response Time 3: 72 hours – Report does not rise to level of present or impending danger, but there is an incident of abuse or neglect that occurred within the last 30 days
  - Timeliness: 53.9%
- Response Time 4: 7 Consecutive Days – Report does not rise to level of present or impending danger, but there is an incident of abuse or neglect that occurred more than 30 days ago, or the date of last occurrence is unknown and there is no current physical indicator of maltreatment, or there is unreasonable risk of harm to the child's health or welfare
  - Timeliness: 64.1%

Steve Twist: What is the mechanism for determining safety/placement of child; does the decision include allegations of crime committed against child?

**RESPONSE:**

In response to reports of child abuse and neglect, the Department shall:

- Promote the safety and protection of children;
- Assess whether any child in the home is in present or impending danger of serious harm; and
- Take sufficient action to control and manage safety threats.

In accordance with State law and Department Policy, an assessment of child safety shall be completed on all cases where a field investigation is completed. Reassessment of child safety is required at specific intervals during the life of a case. A case cannot be closed when a child has been assessed as unsafe or an active protective action or safety plan is in place.

The safety assessment is initiated during initial contact with the family and is continued throughout the investigation. The purpose of the safety assessment is to gather sufficient and

November 16, 2011 Child Safety Task Force Meeting  
*Requests for Additional Information and Follow-Up*

Team Decision Making Policy, cont.

*Scheduling the TDM Meeting*

- Prior to scheduling a TDM meeting, the CPS Specialist must have a conference with the Supervisor to discuss:
  - 
  - the current case status including the immediate, significant and clearly observable family condition that places the child in present danger; actions that can control the present danger threat, or the information that supports identification of safety threats (impending danger), and the reason an in-home or combination safety plan will or will not ensure child safety;
  - the presence of domestic violence in the home or any other threat that could adversely impact the TDM meeting;
  - coordination with Law Enforcement, if the report alleges criminal conduct or the case involves an ongoing criminal investigation or current or pending prosecution;
  - assessment of the suitability, reliability and ability of any safety monitor or placement to ensure child safety, or the plan to complete this assessment prior to the child's placement;

*Convening the TDM Meeting—Important to Remember*

- In the event that the parent, guardian or custodian cannot be located or elects not to participate, the TDM meeting will continue without the presence of that person.
- If a TDM meeting has been scheduled and only CPS staff is present, it is not necessary to proceed with the meeting. Attempts should be made to reschedule the TDM meeting with the family, if possible.
- Information shall be gathered from the absent participant and shared in the TDM meeting. The participant will be given information about decisions and recommendations made at the meeting.
- In cases involving *criminal conduct allegations or domestic violence*, a TDM meeting may be held as long as the participation of the alleged perpetrator is separate from the victims.
- The child victim and the alleged perpetrator will **not** be in the same room or on the phone during a TDM meeting when the case involves:
  - 
  - *criminal conduct allegations or domestic violence*, or
  - an ongoing criminal investigation, or
  - current or pending criminal prosecution, or
  - the child victim feels threatened or otherwise unsafe.
- Each participant is present either because he/she was invited or because his/her participation was agreed to by the parent, guardian or custodian, or because he/she is involved with an agency servicing the family. The following individuals may be invited to attend the TDM meeting:
  - parents (custodian, non-custodial and alleged fathers),

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*Requests for Additional Information and Follow-Up*

Steve Twist: What law enforcement, investigations training do Hotline staff receive? Any training on criminal law regarding abuse or neglect, rights of children, rights of victims of crime.

**RESPONSE:**

While there is currently no specific law enforcement or investigations training at the Hotline, each CPS Specialist at the Hotline is required to complete a four week training prior to taking any calls at the Hotline. This training is in addition to any training that the CPS Specialist may have had as a CPS Specialist (including forensic interviewing and law enforcement training) if they previously worked in a local CPS office or other capacity. The four week training includes classroom instruction and computer lab (CHILDS and Mainframe applications), which is generally two weeks in duration. The classroom instruction includes Hotline procedure, state laws and rules governing our work and safety model training. The participants also have an opportunity to listen to recorded calls, write narratives and determine the appropriate type of abuse or neglect, as well as the response time. Practicing this skill is a critical part of their training.

The third week of training is devoted to supervised processing of incoming written communications (mail and court orders). This allows them to make assessments under the guidance of the Hotline trainer. This phase assists employees in bringing the classroom instruction to life and to apply Hotline procedure. This is their first introduction to applying all concepts and practices learned.

The fourth week focuses on mentoring with seasoned CPS Specialists. To begin this phase, the trainee must take their first telephone call with the Hotline trainer at their side. From that point on, they are taking live calls with their mentor by their side to provide direction and support them in the interview and communication entry.

Once a new Hotline Specialist is ready to begin their shift, 100% of their work is checked by a Hotline Supervisor prior to the communication being sent to the field for response. This close oversight helps to identify any areas where strengthening may need to occur.

All Hotline Specialists and Supervisor are provided with targeted training when legislative changes occur impacting practice at the Hotline.

Anne Donahoe: Explain why Arizona has a low substantiation rate

**RESPONSE:**

It is difficult to compare across states as most states have different definitions for abuse and neglect. For example, some states accept reports of educational neglect and domestic relations issues resulting in their substantiation rates being higher. In addition, standards for substantiation differ across states as does the processes used to afford alleged perpetrators their due process rights.

## **The Team Decision Making (TDM) Process and Safety of the Child Victim**

In 2008, the Arizona legislature added the following to A.R.S. § 8-817:

### **§ 8-817. Initial screening and safety assessment and investigation protocols**

(C) . . . In instances of criminal conduct against a child, the department shall protect the victim's rights of the children in its custody against harassment, intimidation and abuse, as applicable, pursuant to article III, section 2.1, Constitution of Arizona.

The Department of Economic Security (DES) established policy dedicated to the TDM process which states:

*When a child is identified as a victim in a report alleging criminal conduct, the CPS Specialist must protect the child victim against harassment, intimidation and abuse [ARS §8-817(C). This includes not allowing the alleged abusive person or any other person to threaten, coerce, or pressure the child victim, or to be present during interviews, family meetings, or other departmental actions with the child victim. [Chapter 2: Section 1]*

Policy further specifies as follows:

*In cases involving criminal conduct allegations or domestic violence, a TDM meeting may be held as long as the participation of the alleged perpetrator is separate from the victims.*

*The child victim and the alleged perpetrator will not be in the same room or on the phone during a TDM meeting when the case involves:*

*criminal conduct allegations or domestic violence, or  
an ongoing criminal investigation, or  
current or pending criminal prosecution, or  
the child victim feels threatened or otherwise unsafe.*

[Chapter 2: Section 15]

It should be further noted that in the DES policy manual devoted to TDMs, **safety** is stressed a total of 260 times.

**Criminal Conduct May Include Pursuant to A.R.S. § 8-802(2)**  
**If Committed By a Parent, Guardian or Custodian of a Child:**

(a) A violation of section 13-3623 involving child abuse.

(b) A felony offense that constitutes domestic violence as defined in section 13-3601.

“Domestic Violence” includes a dangerous crime against children as defined in section 13-705 or an offense prescribed in section 13-1102, 13-1103, 13-1104, 13-1105, 13-1201, 13-1202, 13-1203, 13-1204, 13-1302, 13-1303, 13-1304, 13-1406, 13-1502, 13-1503, 13-1504, 13-1602 or 13-2810, section 13-2904, subsection A, paragraph 1, 2, 3 or 6, section 13-2910, subsection A, paragraph 8 or 9, section 13-2915, subsection A, paragraph 3 or section 13-2916, 13-2921, 13-2921.01, 13-2923, 13-3019, 13-3601.02 or 13-3623, if the victim is a child of the defendant.

A “dangerous crime against children” includes any of the following committed against a minor who is under fifteen years of age:

- Second degree murder
- Aggravated assault resulting in serious physical injury or involving the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument
- Sexual assault
- Molestation of a child
- Sexual conduct with a minor
- Commercial sexual exploitation of a minor
- Sexual exploitation of a minor
- Child abuse as prescribed in § 13-3623, subsection A, paragraph 1
- Kidnapping
- Sexual abuse
- Taking a child for the purpose of prostitution as prescribed in § 13-3206
- Child prostitution as prescribed in § 13-3212
- Involving or using minors in drug offenses
- Continuous sexual abuse of a child
- Attempted first degree murder
- Sex trafficking
- Manufacturing methamphetamine under circumstances that cause physical injury to a minor
- Bestiality as prescribed in § 13-1411, subsection A, paragraph 2
- Luring a minor for sexual exploitation
- Aggravated luring a minor for sexual exploitation
- Unlawful age misrepresentation.

(c) A violation of section 13-1404 or 13-1406 involving a minor (sexual abuse or sexual assault)

(d) A violation of section 13-1405, 13-1410 or 13-1417 (sexual conduct with a minor, molestation of a child, continuous sexual abuse of a child)

(e) Any other act of abuse that is classified as a felony



DEPARTMENT OF ECONOMIC SECURITY

*Your Partner For A Stronger Arizona*

Janice K. Brewer  
Governor

Clarence H. Carter  
Director

AUG 15 2011

The Honorable Janice K. Brewer  
Governor of Arizona  
1700 West Washington  
Phoenix, Arizona 85007

Dear Governor Brewer:

Arizona Revised Statute § 8-817 requires the Department of Economic Security (DES) to prepare a report by August 15 of each year that contains the following information for joint investigations by Child Protective Services, local law enforcement and county attorneys, of allegations of abuse or neglect that contain criminal conduct allegations:

- The number of criminal conduct allegations investigated.
- The number of reports that were jointly investigated pursuant to the established protocols.
- The reasons why a joint investigation did not occur.

In accordance with this requirement, DES is pleased to submit the enclosed report. If you have any questions, please contact me at (602) 542-5757.

Sincerely,

Clarence H. Carter  
Director

Enclosure

cc: President Russell Pearce, Arizona State Senate  
Speaker Andy Tobin, Arizona State House of Representatives  
County Attorney Bill Montgomery, Maricopa County Attorney's Office  
Janet Fisher, Acting Director, Arizona State Library, Archives and Public Records



**TABLE 1: NUMBER OF REPORTS CODED AS CRIMINAL CONDUCT (CC) ALLEGATIONS  
RECEIVED BY THE DIVISION**

County	Number of Reports
APACHE	6
COCHISE	43
COCONINO	38
GILA	9
GRAHAM	13
GREENLEE	3
LA PAZ	4
MARICOPA	1,300
MOHAVE	89
NAVAJO	27
PIMA	390
PINAL	163
SANTA CRUZ	20
YAVAPAI	75
YUMA	73
<b>Total</b>	<b>2,233</b>

As in previous reporting years, the majority of reports that contain the "CC" characteristic occur in Maricopa County. The next highest number of reports containing these characteristics occurs in Pima County.

The second data element reported is the number of cases that are jointly investigated according to the protocols (Table 2). As stated above, all reports that contain the "CC" allegation are intended to be jointly investigated by Child Protective Services and the appropriate law enforcement agency.

- **Law Enforcement Disagree:** When the CPS case manager receives a report requiring joint investigation, contact is made with the appropriate law enforcement agency to make a police report and request the joint investigation. Law enforcement officials sometimes decline to accept the information as meeting criminal conduct standard and inform the CPS case manager to conduct the initial contact without law enforcement present. In these situations, CPS follows up with an additional report to law enforcement if the initial contact further indicates criminal activity.
- **Law Enforcement Unavailable:** When the CPS case manager contacts law enforcement prior to the initial contact, there are times that due to other incidents, law enforcement are unable to provide an officer or detective for the initial response. In these situations, CPS follows up with an additional report to law enforcement if the initial contact further indicates criminal activity.
- **No Jurisdiction:** If the alleged victim or perpetrator lives on either a federal military installation or Native American reservation, CPS does not have jurisdiction and the case is transferred to the appropriate agency. In addition, if it is determined that the alleged incident occurred on one of the above listed locations, CPS does not have jurisdiction and the case is transferred to the appropriate agency.

**TABLE 3: REASONS WHY A JOINT INVESTIGATION DID NOT OCCUR**

REASON THAT THE JOINT INVESTIGATION WAS NOT CONDUCTED						
County	Child Not Available	CPS Not Available	Law Enforcement Disagrees	Law Enforcement Unavailable	No Jurisdiction	Total
APACHE	0	0	1	0	0	1
COCHISE	1	0	7	5	0	13
COCONINO	1	0	1	3	0	5
GILA	0	0	0	2	0	2
GRAHAM	0	0	1	2	0	3
GREENLEE	0	0	0	0	0	0
LA PAZ	0	0	0	0	0	0
MARICOPA	31	12	172	40	2	257
MOHAVE	1	2	8	7	0	18
NAVAJO	1	0	6	0	0	7
PIMA	3	7	97	18	0	125
PINAL	4	2	33	8	0	47
YAVAPAI	0	0	5	3	0	8
YUMA	0	1	4	0	0	5
Total	42	24	337	86	2	491



DEPARTMENT OF ECONOMIC SECURITY

*Your Partner For A Stronger Arizona*

Janice K. Brewer  
Governor

Neal Young  
Director

AUG 16 2010

The Honorable Janice K. Brewer  
Governor of Arizona  
1700 West Washington  
Phoenix, Arizona 85007

Dear Governor Brewer:

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Sincerely,

Neal Young  
Director

Enclosure

cc: President Robert L. Burns, Arizona State Senate  
Speaker Kirk D. Adams, Arizona State House of Representatives  
County Attorney Rick Romley, Maricopa County Attorney's Office  
GladysAnn Wells, Director, Arizona State Library, Archives and Public Records

**TABLE 1: NUMBER OF REPORTS CODED AS CRIMINAL CONDUCT (CC) ALLEGATIONS  
RECEIVED BY THE DIVISION**

<b>County</b>	<b>Number of Reports</b>
APACHE	6
COCHISE	60
COCONINO	57
GILA	11
GRAHAM	15
GREENLEE	1
LA PAZ	10
MARICOPA	1,700
MOHAVE	91
NAVAJO	46
PIMA	489
PINAL	203
SANTA CRUZ	11
YAVAPAI	105
YUMA	72
<b>Total</b>	<b>2,877</b>

As in previous reporting years, the majority of reports that contain the “CC” characteristic occur in Maricopa County. The next highest number of reports containing these characteristics occurs in Pima County.

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COCHISE	1	1	7	5	0	14
COCONINO	0	2	6	7	0	15
GILA	0	0	0	1	0	1
GRAHAM	5	0	2	2	0	9
GREENLEE	1	0	0	0	0	1
LA PAZ	0	0	0	2	0	2
MARICOPA	34	41	283	92	3	453
MOHAVE	1	0	13	9	0	23
NAVAJO	0	1	7	5	0	13
PIMA	6	6	167	32	3	214
PINAL	0	5	47	12	0	64
YAVAPAI	1	1	21	9	0	32
YUMA	0	0	13	2	0	15
<b>Total</b>	<b>50</b>	<b>57</b>	<b>568</b>	<b>178</b>	<b>6</b>	<b>859</b>

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

# **Mutual Cooperation**

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- ❖ The Department of Economic Security shall cooperate with the County Attorney and the appropriate law enforcement agency pursuant to the investigation protocols. A.R.S. § 8-817(C)
- ❖ The County Attorney and the law enforcement agency shall cooperate with the Department pursuant to the investigation protocols. A.R.S. § 8-817(D)

# Joint Investigations

Joint investigations by Child Protective Services (CPS) and law enforcement are required for “*criminal conduct allegations*” in accordance with protocols established in each county. A.R.S. §§ 8-304, 802, 817(c)

“Criminal Conduct Allegation” (formerly know as Extremely Serious Conduct Allegation) means an allegation of conduct by a parent, guardian, or custodian of a child that, if true, would constitute any of the following:

- ❖ A violation of A.R.S. § 13-3623 involving child abuse.
- ❖ A felony offense that constitutes domestic violence as defined in A.R.S. § 13-3601.
- ❖ A violation of A.R.S. § 13-1404 or 13-1406 involving a minor.
- ❖ A violation of A.R.S. § 13-1405, 13-1410 or 13-1417.
- ❖ Any other act of abuse that is classified as a felony.

A.R.S. § 8-801(2)



# Joint Investigative Protocols

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In each county, the County Attorney, in cooperation with the sheriff, the chief law enforcement officer for each municipality and the Department shall adopt and implement protocols: A.R.S. § 8-817 (B)

- ❖ To ensure thorough investigations of those accused of crimes against children, and
- ❖ To guide the conduct of investigations of allegations of criminal conduct.

# Joint Investigative Protocols

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The Protocols shall include:

1. The process for notification of receipt of criminal conduct allegations.
2. The standards for interdisciplinary investigations of specific types of abuse and neglect, including timely forensic medical evaluations.
3. The standards for interdisciplinary investigations involving Native American children in compliance with the Indian Child Welfare Act.
4. Procedures for sharing information and standards for the timely disclosure of information.
5. Procedures for coordination of screening, response and investigation with other involved professional disciplines and notification of case status and standards for the timely disclosure of related information.
6. The training required for the involved Child Protective Services workers, law enforcement officers and prosecutors to execute the investigation protocols, including forensic interviewing skills.

# Joint Investigative Protocols

7. The process to ensure review of, and compliance with, the investigation protocols and the reporting of activity under the protocols.
8. Procedures for an annual report to be transmitted within forty-five days after the end of each fiscal year independently from Child Protective Services and each County Attorney to the Governor, the Speaker of the House of Representatives and the President of the Senate. This report shall be a public document and shall include:
  - a. The number of criminal conduct allegations investigated and how many of these investigations were conducted jointly pursuant to the investigation protocols established in this subsection.
  - b. Information for each County Attorney regarding the number of cases presented for review, the number of persons charged in those cases, the reasons why charges were not pursued and the disposition of these cases.
  - c. The reasons why a joint investigation did not take place.
9. Procedures for dispute resolution.

# Statutory Authority of CPS

## A.R.S. § 8-802

C. A Child Protective Services worker shall:

1. Promote the safety and protection of children.
2. Accept, screen and assess reports of abuse or neglect:
  - a) Pursuant to § 8-817.
  - b) In Level I residential treatment centers or in Level II or Level III behavioral health residential agencies that are licensed by the Department of Health Services.
3. Receive reports of dependent, abused or abandoned children and be prepared to provide temporary foster care for these children on a twenty-four hour basis.
4. Receive from any source oral or written information regarding a child who may be in need of protective services. . . . .

# Statutory Authority of CPS

A.R.S. § 8-802, cont.

5. After the receipt of any report or information pursuant to paragraph 2, 3 or 4 of this subsection, immediately do both of the following:
  - a) Notify the municipal or county law enforcement agency.
  - b) Make a prompt and thorough investigation of the nature, extent and cause of any condition that would tend to support or refute the allegation that the child should be adjudicated dependent and the name, age and condition of other children in the home. A **criminal conduct allegation** shall be investigated according to the protocols established pursuant to § 8-817 with the appropriate municipal or county law enforcement agency as provided in § 8-817.
6. Take a child into temporary custody as provided in § 8-821. Law enforcement officers shall cooperate with the Department to remove a child from the custody of the child's parents, guardian or custodian when necessary.

.....

# Statutory Authority of CPS

## A.R.S. § 8-821

A child may be taken into temporary custody by a Peace Officer or a Child Protective Services worker if temporary custody is clearly necessary to protect the child because probable cause exists to believe that the child is either:

1. A victim or will imminently become a victim of abuse or neglect.
2. Suffering serious physical or emotional injury that can only be diagnosed by a medical doctor or psychologist.
3. Physically injured as a result of living on premises where dangerous drugs or narcotic drugs are being manufactured. For the purposes of this paragraph, "dangerous drugs" and "narcotic drugs" have the same meaning prescribed in § 13-3401.
4. Reported by Child Protective Services to be a missing child at risk of serious harm.

# CPS Joint Investigations

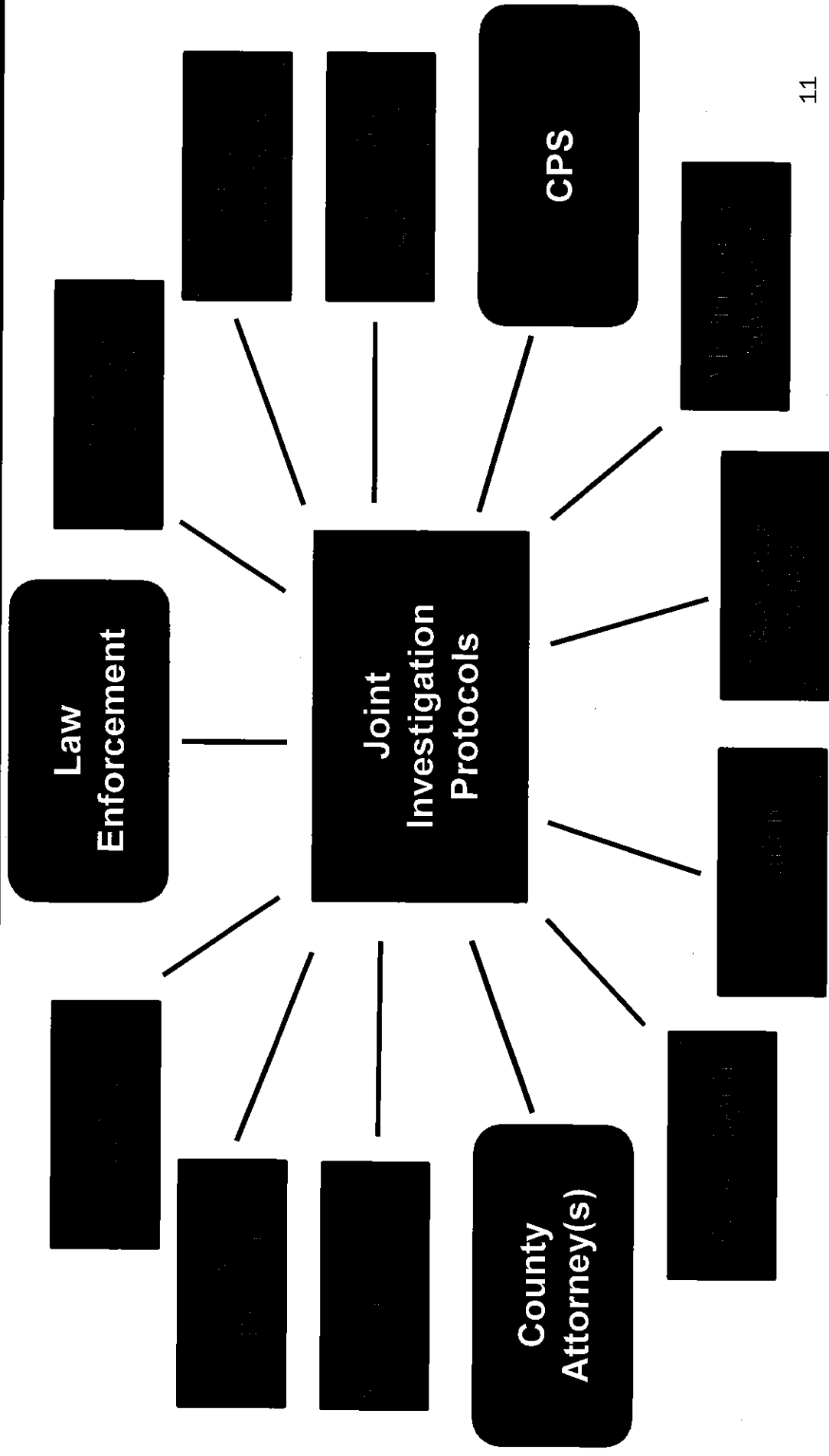
## DES Joint Investigations Annual Report

- The Child Abuse Hotline receives approximately 35,000 reports of child abuse and neglect annually .
- During SFY 2011, 2,233 or approximately 6% of these reports contained an allegation of criminal conduct .
- 71% of these criminal conduct reports were jointly investigated by CPS and law enforcement.

Joint investigation of remaining reports did not occur due to reasons such as:

- ✂ Child not available.
- ✂ CPS or law enforcement not available.
- ✂ Criminal conduct occurred in another jurisdiction.
- ✂ At the time of the CPS report, law enforcement did not agree that the allegations met the criminal conduct standard.

# Joint Investigations are Multidisciplinary





# Purpose of Joint Investigations

Mutual commitments by CPS, Law Enforcement, County Attorneys, Advocacy Centers and Other Signatories (Sept 2008):

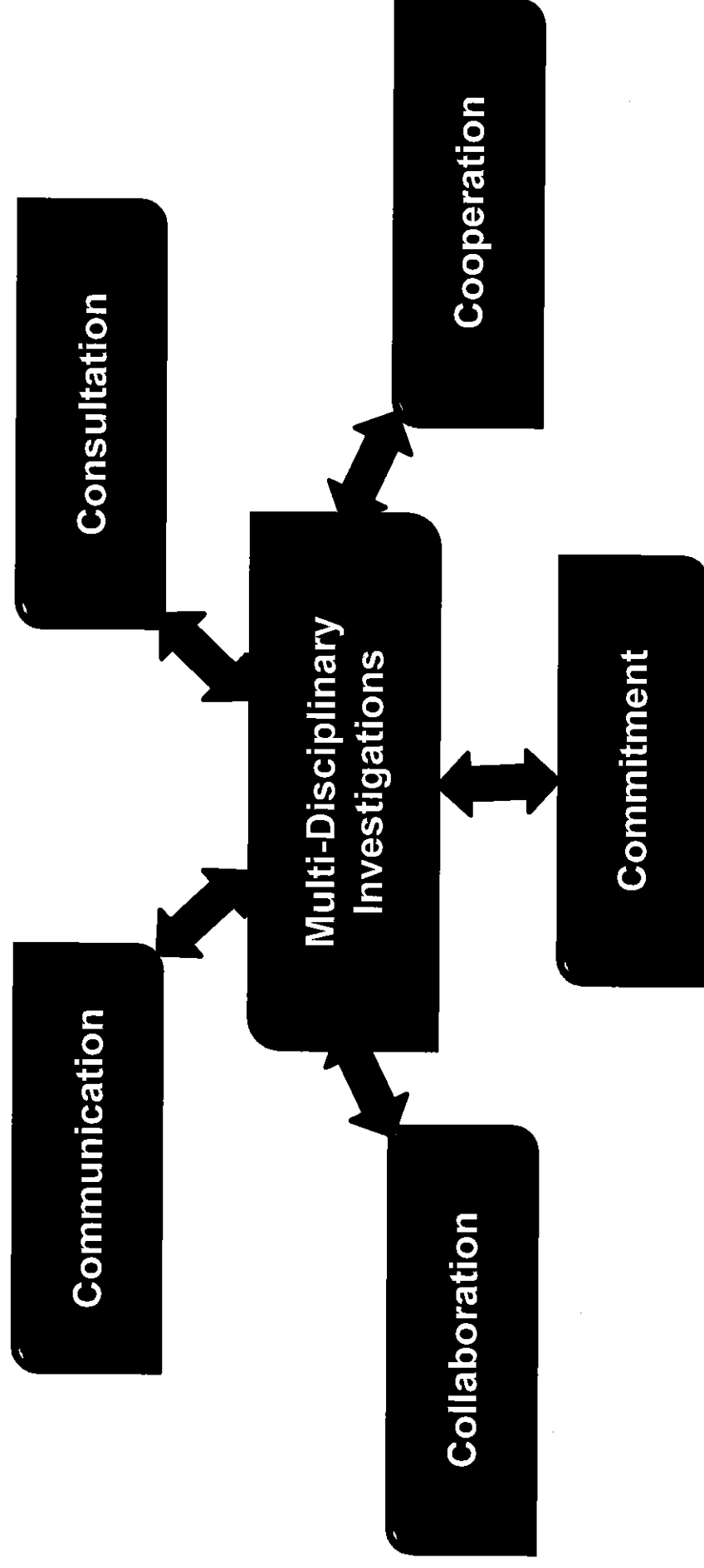
- Respond to each case in a manner designed to protect the child victim, other potential victims and non-offending family members and witnesses.
- Shield the child victim from harassment or intimidation.
- Reduce the trauma to the child victim and other children living in the home.
- Focus on the needs of the child victim with the safety and well-being of the child being paramount.
- Fulfill statutory obligations to the child victim and others.
- Preserve and share evidence consistent with the Joint Investigation Protocols.

# Purpose of Joint Investigations

## Mutual Commitments, cont:

- ☞ Respect the professional role of each agency, including its operating procedures and mandated response times.
- ☞ Maintain a shared, cooperative approach with ongoing consultation, collaboration and communication in joint investigations.
- ☞ Utilize the Advocacy Centers whenever possible, recognizing their critical role in joint investigations.
- ☞ Train staff regularly on the Joint Investigation Protocols and related matters, including the use of cross training, as appropriate.
- ☞ Meet at least quarterly to conduct case reviews and to discuss process improvements.
- ☞ Fulfill statutory requirements for reporting and record keeping so data is collected and reported consistently.

# Keys to Successful Joint Investigations



# Joint Investigations

## Presenting Challenges:

- ⌘ Suspected child abuse or neglect may be reported either to the police or to Child Protective Services (CPS) and both agencies share information with each other. CPS and law enforcement both agree that the safety of the child is paramount; however, CPS maintains a social work focus such as stabilizing the family unit while law enforcement is the criminal investigative agency in the community.
- ⌘ While Arizona has the laws and protocols necessary to conduct joint investigations, coordination efforts could be strengthened.
- ⌘ County Attorneys, law enforcement administrators and DES administrators should renew their mutual commitment to embrace, to train and to enforce statewide Joint Investigation Protocols.

# Joint Investigations

## Presenting Opportunities:

- ⌘ While there are 15 counties and multiple law enforcement jurisdictions within each county, joint investigations are successful when there is commitment from across the entire organization – from the Police Chief and Sheriff to the patrol officer; from the DES Director to the CPS Specialist; and from the County Attorney to the prosecutor – to follow the protocol.
- ⌘ Child safety and child protection are larger than any one agency. Joint Investigations require the commitment and resources of an entire system of child protection, including mandated reporters in hospitals and schools and community members.
- ⌘ Joint location of CPS and law enforcement is a best practice model, but all CPS and law enforcement professionals must be cross-trained and share information in order for joint investigations to be successful.
- ⌘ Arizona utilizes its federal Children's Justice Act funds, in part, to fund Children's Justice Coordinators in various counties, many of whom are housed in a Child Advocacy Center. One of the tasks of the coordinator is to provide training on Joint Investigation Protocols.

# Joint Investigations

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## **Presenting Opportunities – Specific REPORTING Ideas:**

Encourage law enforcement, physicians and other mandated reporters to report all child fatalities involving child maltreatment to CPS even when there are no other children living in the home.

DES has begun work on making its intake processes, including the Child Abuse Hotline, more efficient. One outcome of this work will be to reduce or eliminate wait times for callers to the CPS Hotline.

# Joint Investigations

## **Presenting Opportunities – Specific INVESTIGATIONS Ideas:**

Establish a uniform, statewide Joint Investigative Protocol with individual county addendums, as appropriate.

Revise the investigative process to take full advantage of Child and Family Advocacy Centers and create new partnerships with law enforcement where needed.

- ∞ Child safety and criminal investigative decisions will be made side-by-side rather than separately with shared responsibility for decisions made.
- ∞ The scope and capacity of the Child and Family Advocacy Centers may need to be expanded in order to serve these functions.

# Joint Investigation Protocols

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The Joint Investigative Protocols for each County can be found at:

[http://www.childhelpinfocenter.org//index.php?option=com\\_content&task=view&id=53&Itemid=66](http://www.childhelpinfocenter.org//index.php?option=com_content&task=view&id=53&Itemid=66)





**We will have success when a  
coordinated multidisciplinary response  
to victims of child abuse, sexual  
assault and family violence is the  
standard throughout Arizona**



## **National Children's Alliance (NCA) Standards**

- MDT
- Cultural Competency & Diversity
- Forensic Interviews
- Victim Support & Advocacy
- Medical Evaluation
- Mental Health
- Case Review
- Case Tracking
- Organizational Capacity
- Child Focused Setting



## **NCA National Partners**

- National District Attorney's Association
- Department of the Army
- National Child Stress Network
- National Association of Social Workers
- National Center for Child Death Review
- Every Child Matters Education Fund





NATIONAL  
CHILDREN'S  
ALLIANCE®

**Standards for Accredited Members  
Revised 2011**

# **NATIONAL CHILDREN'S ALLIANCE**

## **STANDARDS FOR ACCREDITED MEMBERS**

### **MULTIDISCIPLINARY TEAM (MDT)**

**STANDARD:** A MULTIDISCIPLINARY TEAM FOR RESPONSE TO CHILD ABUSE ALLEGATIONS INCLUDES REPRESENTATION FROM THE FOLLOWING:

- LAW ENFORCEMENT
- CHILD PROTECTIVE SERVICES
- PROSECUTION
- MEDICAL
- MENTAL HEALTH
- VICTIM ADVOCACY
- CHILDREN'S ADVOCACY CENTER

#### **Rationale**

A functioning and effective multidisciplinary team approach (MDT) is the foundation of a CAC. An MDT is a group of professionals who represent various disciplines and work collaboratively from the point of report to assure the most effective coordinated response possible for every child. The purpose of interagency collaboration is to coordinate intervention so as to reduce potential trauma to children and families and improve services, while preserving and respecting the rights and obligations of each agency to pursue their respective mandates. This interagency collaboration is based on a system response and not just on the facility. Collaborative response begins with case initiation and is promoted through understanding and exploring case issues. Insight from each MDT representative provides the environment for a coordinated, comprehensive, compassionate professional response. Quality assurance is a necessary component of this joint response to review the effectiveness of the collaborative efforts.

Six disciplines; law enforcement, child protective services, prosecution, medical, mental health, victim advocacy, together with CAC staff, comprise the core MDT. Some CACs, including those in small, rural communities, may employ one person to fill multiple roles. For example, the CAC Director may also serve as

## CRITERIA

### Essential Components

- A. *The CAC/MDT has a written interagency agreement signed by authorized representatives of all MDT components that clearly commits the signed parties to the CAC model for its multidisciplinary child abuse intervention response.***

Written agreements formalize interagency cooperation and commitment to MDT/CAC practice and policy ensuring continuity of practice even when personnel, heads of departments, and elected officials change. Written agreements may be in different forms such as memoranda of understanding (MOUs), protocols and/or guidelines, and are signed by the leadership of participating agencies (e.g. police chiefs, prosecuting attorney, agency department heads, supervisors, etc.) or their designees. These documents should be developed with input from the MDT, reviewed annually and updated as needed to reflect current practice and current agency leadership.

- B. *All members of the MDT including appropriate CAC staff, as defined by the needs of the case, are routinely involved in investigations and/or MDT interventions.***

The purpose of multidisciplinary involvement for all interventions is to assure that the unique needs of children are recognized and met. This means that informed decision-making occurs at all stages of the case so that children and families benefit optimally from a coordinated response. Multidisciplinary intervention begins at initial outcry or report and includes, but is not limited to, first response, pre- and post- interview debriefings, forensic interviews, consultations, advocacy, evaluation, treatment, case reviews, and prosecution. The CAC/MDT follows an agreed upon process for collaborative intervention across the continuum of the case.

- C. *The CAC/MDT's written documents address information sharing that ensures the timely exchange of relevant information among MDT members, staff, and volunteers and is consistent with legal, ethical and professional standards of practice.***

Effective communication and information sharing happen at many points in a case. Both are key dynamics for MDTs in order to minimize duplicative efforts, enhance decision making, and maximize the opportunity for children and caretakers to receive the services they need. The CAC/MDT's written documents must delineate how pertinent information is communicated and how confidential information is protected. Most professions represented on the MDT have legal, ethical and professional standards of practice with regard to confidentiality, but they may differ among disciplines. States may

## CULTURAL COMPETENCY AND DIVERSITY

**STANDARD:** CULTURALLY COMPETENT SERVICES ARE ROUTINELY MADE AVAILABLE TO ALL CAC CLIENTS AND COORDINATED WITH THE MULTIDISCIPLINARY TEAM RESPONSE.

### **Rationale**

Cultural competency is defined as the capacity to function in more than one culture, requiring the ability to appreciate, understand and interact with members of diverse populations within the local community. Cultural competency is as basic to the CAC philosophy as developmentally appropriate, child-friendly practice. Like developmental considerations, diversity issues influence nearly every aspect of work with children and families, such as welcoming a child and family to the center, employing effective forensic interviewing techniques, gathering information to make a determination about the likelihood of abuse, selecting appropriate mental health providers and securing help for a family in a manner in which it is likely to be utilized. To effectively meet clients' needs, the CAC and MDT must be willing and able to understand the clients' world view, adapt practices as needed, and offer help in a manner in which it can be utilized. Striving towards cultural competence is an important and ongoing endeavor.

Proactive planning and outreach should focus on culture and degree of acculturation, ethnicity, religion, socioeconomic status, disability, gender and sexual orientation. These factors contribute to a client's world view, unique perceptions and experiences throughout the investigation, intervention, and case management process. By addressing these factors in a culturally competent environment, children and families of all backgrounds feel welcomed, valued, respected and acknowledged by staff, MDT members and volunteers.

### **CRITERIA**

#### **Essential Components**

- A. *The CAC has developed a cultural competency plan that includes community assessment, goals, and strategies.***

In order to serve a community in a culturally competent manner, a CAC must have a cultural competency plan. Such a plan should include several components. First, a CAC must conduct a thorough community assessment that focuses on a range of issues including, but not limited to: race, ethnicity, gender, disabilities, sexual orientation, economics, rural v. urban, religion and culture. The key is to ensure that the assessment evaluates the unique make-up of the entire community. From that assessment, goals and

## **Rated Criteria**

### ***D. The CAC engages in community outreach with underserved populations.***

CACs should strive to reach all members of the community in order to ensure that all children have access to the services of the center. This requires CACs to actively engage with underserved populations in the area and may involve developing partnerships with organizations or individuals that serve and/or represent these populations.

### ***E. The CAC actively recruits staff, volunteers, and board members that reflect the demographics of the community.***

CACs serve clients who are a part of the community in which the CAC is located. It is important that the CAC strive to recruit, hire and retain staff, volunteers and board members that reflect the demographics of the community and the clientele served.

### ***F. The CAC's cultural competency plan has been implemented and evaluated.***

In order to serve a community in a culturally competent manner, a CAC must have a cultural competency plan. Such a plan should include several components: community assessment, goals, strategies, implementation and evaluation. Included in the plan's goals and strategies may be things such as formal and informal training for staff, MDT members, volunteers, and board members; production and distribution of informational materials; outreach to underserved populations; protocol and policy changes; innovative recruitment practices; etc. An evaluation component is necessary to determine the success of the plan and implement any needed changes.

## **CRITERIA**

### **Essential Components**

#### ***A. Forensic interviews are provided by MDT/CAC staff who have specialized training in conducting forensic interviews.***

The CAC must demonstrate that the forensic interviewer(s) meets at least ONE of the following *Training Standards*:

- ☐ Documentation of satisfactory completion of competency-based child abuse forensic interview training that includes child development.
- ☐ Documentation of 40 hours of nationally or state recognized forensic interview training that includes child development.

A system must be in place to provide initial training on forensic interviewing for anyone conducting a forensic interview at the CAC. Many CACs use a combination of MDT members and CAC staff to fulfill this role. While many of the members of the MDT may have received interview training, forensic interviewing of alleged victims of child abuse, and in the context of an MDT response, is considered specialized interviewing and thus requires additional specialized training.

#### ***B. The CAC/MDT's written documents describe the general forensic interview process including pre- and post-interview information sharing and decision making, and interview procedures.***

The general forensic interview process should be described in the agency's written guidelines or agreements. These guidelines help to ensure consistency and quality of interviews and related discussions and decision-making. These guidelines or agreements must include criteria for choosing an appropriately trained interviewer (for a specific case), which personnel are to attend/observe the interview, preparation/information sharing with the forensic interviewer, use of interview aids, use of interpreters, communication between the MDT and the interviewer, recording and/or documentation of the interview, and interview process/methodology (such as the state or nationally recognized forensic interview training model(s)).

#### ***C. Forensic interviews are conducted in a manner that is legally sound, non-duplicative, non-leading and neutral.***

Following research-based guidelines will help ensure a sound process. These guidelines as recognized by the members of the MDT should be monitored over time to ensure that they reflect current day practice. Guidelines should be developed and followed to create an interview environment that enhances free recall, minimizes interviewer influence and gathers information needed by all the MDT members involved to avoid duplication of the interview process.



In addition, there must be demonstration of the following *Continuous Quality Improvement* Activities:

- ☐ Ongoing education in the field of child maltreatment and/or forensic interviewing consisting of a minimum of 3 hours per every 2 years of CEU/CME credits
- ☐ Participation in a formalized peer review process for forensic interviewers.

***H. The CAC/MDT coordinate information gathering whether through history taking, assessment or forensic interview(s) to avoid duplication.***

All members of the MDT need information to complete their assessment/evaluation. Whether it is the initial information gathered prior to the forensic interview, the history taken by the medical provider prior to the medical evaluation, or the intake by the mental health provider every effort should be made to avoid duplication of information gathering from the child and non-offending family members and should be a process of information sharing among MDT members.

- ☐ assessment of the child's/family's attitudes and feelings about participation in the investigation/prosecution
- ☐ provision of court education/support/accompaniment
- ☐ providing tours of the courthouse/courtroom
- ☐ securing transportation to interviews, court, treatment and other case-related meetings
- ☐ assistance in procuring concrete services (housing, protective orders, domestic violence intervention, food, crime victims compensation, transportation, public assistance etc.)
- ☐ providing referrals for mental health and medical treatment, if not provided at the CAC.

## **CRITERIA**

### **Essential Components**

***A. Crisis intervention and ongoing support services are routinely made available for children and their non-offending family members on-site or through linkage agreements with other appropriate agencies or providers.***

Children and families need support in navigating the various systems they encounter which may be unfamiliar to them. Crisis intervention, assessment and support services help to assess the child and family's needs; reduce fear and anxiety; and expedite access to appropriate services. Families can be assisted through the cycles of crisis management, problem solving, treatment stabilization, and maintenance. This cycle may be repeated as precipitating events occur such as financial hardships, child placement, arrest, and change/delay in court proceedings. Children may experience crisis and trauma, including suicidal ideation, at unanticipated times. Many CACs provide some of these services through support groups for children and their non-offending family members and/or provide access to mental health services through linkage agreements with other community agencies or providers.

***B. Education regarding the dynamics of abuse, the coordinated multidisciplinary response, treatment, and access to services is routinely available for children and their non-offending family members.***

Often families have not been involved in this multi-systems response. In the aftermath of victimization, the child and family may feel a loss of control; education provides information that is empowering. Education must be an ongoing process because families may be unable to process all information at one time and their needs change over time. They are in crisis, may be dealing with immediate safety issues, and are coping with the emotional impact of the initial report and the ensuing process. As family needs and case dynamics change, these changes must be assessed so that additional relevant information and services can be offered.

***F. Procedures are in place to provide initial and on-going support and advocacy with the child and/or non-offending family members.***

We have learned from children and families that one of the most stressful aspects of participation in the child abuse intervention system is dealing with the complexities of the multidisciplinary response. The critical role of the victim advocate is to educate clients, help them anticipate possible stressors, provide accurate, up-to-date information, and ensure continued access to rights and services. This process should be articulated in the CAC/MDT's written documents so that all MDT members have an understanding as to how these services are provided and by whom, throughout the course of the case.

The CAC must demonstrate that its medical provider meets at least ONE of the following *Training Standards*:

- ☐ Child Abuse Pediatrics Sub-board eligibility
- ☐ Child Abuse Fellowship training or child abuse Certificate of Added Qualification
- ☐ Documentation of satisfactory completion of competency-based training in the performance of child abuse evaluations
- ☐ Documentation of 16 hours of formal medical training in child sexual abuse evaluation

The criteria outlined above apply equally to all examiners. Nurses must practice within the scope of their applicable state Nurse Practice Acts.

***B. Specialized medical evaluations for the child client are routinely made available on-site or through linkage agreements with other appropriate agencies or providers.***

Specialized medical evaluations can be provided in a number of ways. Some CACs have a medical provider that comes to the center on a scheduled basis while in other communities the child is referred to a medical clinic or health care agency for this service. CACs need not be the provider of primary care but CACs must have protocols in place outlining the linkages to primary care and other needed healthcare services.

***C. Specialized medical evaluations are available and accessible to all CAC clients regardless of ability to pay.***

In many communities, the cost of the medical evaluation is covered by public funds. In other settings, limited public funding requires that those who can pay or are insured cover the cost of their own exam, or apply for reimbursement through victim compensation. In either scenario, ability to pay should never be a factor in determining who is offered a medical evaluation.

***D. The CAC/MDT's written documents include access to appropriate medical evaluation and treatment for all CAC clients.***

Because medical evaluations are a critical component of a multidisciplinary CAC response, the CAC/MDT documents must detail how these services are accessed by its clients.

**Rated Criteria**

***E. The CAC/MDT's written documents include:***

- ***the circumstances under which a medical evaluation is recommended;***

All children who are suspected victims of child sexual abuse should be offered a medical evaluation. The timing and detail of the evaluation should be based on specific screening criteria developed by qualified

- There is evidence or complaint of anogenital bleeding or injury; and
  - The child is experiencing significant behavioral or emotional problems and needs evaluation for possible suicidal ideation/plan.
- ***how multiple medical evaluations are limited;***  
Multiple evaluations should be avoided by identifying the best location and timing for the evaluation. This often requires initial conversations with emergency departments and primary care providers to develop a process for referral to the specialized medical provider as defined by the needs of the child. In addition, exams should be performed by experienced examiners and photodocumented to minimize repeat examinations.
  - ***how medical care is documented;***  
All medical records are also legal documents. The medical history and physical examination findings must be carefully and thoroughly documented in the medical record. Diagnostic-quality photographic documentation using still and/or video documentation of examination findings is the standard of care, and is particularly important if the examination findings are thought to be abnormal. Photographic documentation allows for peer review, for obtaining an expert or second opinion, and may also obviate the need for a repeat examination of the child.

Detailing procedures for the documentation and preservation of evidence (labeling, processing and storing) in written protocols and agreements can help to assure the quality and consistency of medical evaluations. Such protocols can also serve as a "checklist" and training document for new examiners. Many states have mandated forms for recording findings of a sexual assault exam and guidelines for the preservation of evidence.

- ***how the medical evaluation is coordinated with the MDT in order to avoid duplication of interviewing and history taking;***  
Coordination with the MDT is important both in reducing duplicative interviewing and utilizing information from the medical evaluation to assure appropriate follow-up treatment and referrals, often coordinated by other MDT members.

Medical diagnosis and treatment of child abuse includes obtaining a medical history. Information needs to be gathered from the parent or other caretakers as well as from the child regarding past medical history and signs or symptoms that may be relevant to the medical assessment.

introduced to the exam by non-medical personnel. Therefore, it is essential for MDT members and CAC staff to be trained about the nature and purpose of a medical evaluation so that they can competently respond to common questions, concerns and misconceptions.

***H. Findings of the medical evaluation are shared with the MDT in a routine and timely manner.***

Because the medical evaluation is an important part of the response to suspected child abuse and neglect, findings of the medical evaluation should be shared with and explained to the MDT in a routine and timely manner so that case decisions can be made effectively. The duty to report findings of suspected child abuse to the mandated agencies is an exception to HIPAA privacy requirements, which also allows for ongoing communication.

- Licensed/certified or supervised by a licensed mental health professional
- A training plan for 40 contact hours of specialized, trauma-focused mental health training, clinical consultation, clinical supervision, peer supervision, and/or mentoring within the first 6 months of association (or demonstrated relevant experience prior to association)

***B. Specialized trauma-focused mental health services for the child client are routinely made available on-site or through linkage agreements with other appropriate agencies or providers.***

Specialized trauma-focused mental health services for the child client include:

- crisis intervention services
- trauma-specific assessment including full trauma history
- use of standardized measures (assessment tools) initially and periodically
- family/caregiver engagement
- individualized treatment plan that is periodically re-assessed
- individualized evidence-informed treatment appropriate for the children and family seen
- referral to other community services as needed
- clinical supervision

The above description of services should guide discussions with all professionals who may provide mental health services. This will assure that appropriate services are available for child clients and that the services are outlined in linkage agreements.

***C. Mental health services are available and accessible to all CAC clients regardless of ability to pay.***

CAC's have a responsibility to identify and secure alternative funding sources to assure that all children have access to appropriate mental health services. Ability to pay should never be a factor in the accessibility to mental health services.

***D. The CAC/MDT's written documents include access to appropriate mental health evaluation and treatment for all CAC clients.***

Because mental health is a crucial and core component of a multidisciplinary CAC response, the CAC/MDT's written documents must detail how such care may be accessed by its clients.

Family members may benefit from assessment, support, and mental health treatment to address the emotional impact of abuse allegations, reduce or eliminate the risk of future abuse, and address issues which the allegations may trigger. Siblings and other children may also benefit from opportunities to discuss their own reactions and experiences and to address family issues within a confidential therapeutic relationship.



- designated facilitator and/or coordinator;
- mechanism for distribution of agenda and/or notification of cases to be discussed;
- procedures for follow-up recommendations to be addressed; and
- location of the meeting.

***B. A forum for the purpose of reviewing cases is conducted on a regularly scheduled basis.***

Case review affords the CAC/MDT the opportunity to review active/current cases, provide updated case information, and coordinate interventions. It is a planned meeting of all MDT partners and occurs not less than once a month for cases coming from the CACs primary service area. Case review is in addition to informal discussions and pre- and post- interview debriefings.

***C. Case review is an informed decision making process with input from all necessary MDT members based on the needs of the case.***

In order to make informed case decisions, essential information and professional expertise are required from all disciplines. This means that decisions are made with as much information as available, interventions receive the support of all involved professionals (or provides an opportunity for discussion if dissention exists), efforts are coordinated and non-duplicative, and all aspects of the case are covered. The process should ensure that no one discipline dominates the discussion, but rather all relevant team members have a change to adequately address their specific case interventions, questions, concerns and outcomes.

Generally, the case review process should:

- review interview outcomes;
- discuss, plan and monitor the progress of the investigation;
- review medical evaluations;
- discuss child protection and other safety issues;
- provide input for prosecution and sentencing decisions;
- discuss emotional support and treatment needs of the child and non-offending family members and strategies for meeting those needs;
- assess the family's reactions and response to the child's disclosure and involvement in the criminal justice/child protection systems;
- review criminal and civil (dependency) case disposition;
- make provisions for court education and court support; and
- discuss cross-cultural issues relevant to the case.

***D. A designated individual coordinates and facilitates the case review process, including notification of cases that will be reviewed.***

Proper planning and preparation for case review including notification of cases to be reviewed, maximizes the quality of the discussions and decision making. A process for identifying and adding cases to the agenda must be

## CASE TRACKING

**STANDARD:** CHILDREN'S ADVOCACY CENTERS MUST DEVELOP AND IMPLEMENT A SYSTEM FOR MONITORING CASE PROGRESS AND TRACKING CASE OUTCOMES FOR ALL MDT COMPONENTS.

### **Rationale**

Case tracking is an important component of a CAC. "Case tracking" refers to a systematic method in which specific data is routinely collected on each case served by the CAC. Today, case tracking systems are generally computerized, although in some communities with limited resources or small caseloads, case tracking may be done manually.

Case tracking systems provide essential demographic information, case information and investigation/intervention outcomes. It can also be used for program evaluation (i.e. identifying areas for continuous quality improvement, ongoing case progress and outcomes) and generating statistical reports. Effective case tracking systems can enable MDT members to accurately inform children and families about the current status and disposition of their cases.

There are additional reasons for establishing a case tracking system. One is the usefulness and ease of access to data that is frequently requested for grants and other reporting purposes. When collected across programs, data can be used to assemble local, regional, statewide and national statistics that are useful for advocacy, research and legislative purposes in the field of child maltreatment. Each CAC needs to determine the type of case tracking system that will suit its needs. Case tracking should be compliant with all applicable privacy and confidentiality requirements.

### **CRITERIA**

#### **Essential Components**

**A. *The CAC/MDT's written documents include tracking case information until final disposition.***

Case tracking provides a mechanism for monitoring case progress throughout the multidisciplinary interagency response. Often MDT members will have a system to collect their own agency data, however, the MDT response requires sharing of this information to better inform decision making. The CAC/MDT's written documents must include a process for case tracking.

**B. *The CAC tracks and minimally is able to retrieve NCA Statistical Information.***

## ORGANIZATIONAL CAPACITY

**STANDARD:** A DESIGNATED LEGAL ENTITY RESPONSIBLE FOR PROGRAM AND FISCAL OPERATIONS HAS BEEN ESTABLISHED AND IMPLEMENTS BASIC SOUND ADMINISTRATIVE POLICIES AND PROCEDURES.

### **Rationale**

Every CAC must have a designated legal entity responsible for the governance of its operations. The role of this entity is to oversee ongoing business practices of the CAC, including setting and implementing administrative policies, hiring and managing personnel, obtaining funding, supervising program and fiscal operations, and long term planning.

There are many options for CAC organizational structure depending upon the unique needs of its community. CACs may be an independent non-profit agency, affiliated with an umbrella organization such as a hospital or other non-profit human service agency, or part of a governmental entity, such as prosecution, social services, law enforcement, or victim services. Each of these options has its limitations, and implications for collaboration, planning, governance, community partnerships and resource development. Ultimate success requires that, regardless of where the program is housed or under what legal auspices, all agencies in this collaborative effort feel equal investment in and ownership of the program.

### **CRITERIA**

#### **Essential Components**

- A. *The CAC is an incorporated, private non-profit organization or government-based agency or a component of such an organization or agency.***

The CAC has a defined organizational identity that ensures appropriate legal and fiduciary governance and organizational oversight. This can be an independent not-for-profit, a component of such an entity, or a government-based entity.

- B. *The CAC maintains, at a minimum, current general commercial liability\*, professional liability, and Directors and Officers liability as appropriate to its organizational structure.***

Every CAC must provide appropriate insurance for the protection of the organization and its personnel. Nonprofit CACs, including those that are a

services. The CAC must assure that there is sufficient staffing to support all program components. Efforts must be made to ensure reliable and ongoing sources of funding for these positions.

***F. The CAC has, and demonstrates compliance with, written screening policies for staff that include criminal background and child abuse registry checks and provides training and supervision.***

Due to the sensitive and high-risk nature of CAC work, it is imperative that, at a minimum, the CAC conducts a formal screening process for staff. This process should be documented in a written policy. Staff must receive initial and ongoing training and supervision relevant to their role.

***G. The CAC has, and demonstrates compliance with, written screening policies for on-site volunteers that include criminal background and child abuse registry checks and provides training and supervision.***

Volunteers perform a wide variety of functions within CACs. Sometimes, CACs can attract people who may not be emotionally prepared for the activities of the CAC and/or may attract potential or actual offenders. Due to the sensitive and high-risk nature of CAC work, it is imperative that, at a minimum, the CAC conducts a formal screening process for onsite volunteers. This process should be documented in a written policy. Volunteers must receive training and supervision relevant to their role.

**Rated Criteria**

***H. The CAC provides education and community awareness on child abuse issues.***

One component of CAC work is education and outreach to the community regarding child abuse, its effects, how to seek help when abuse is suspected, and services provided by the CAC. Community education and outreach may be provided by staff, MDT members or volunteers.

***I. The CAC has addressed its sustainability through the development of a strategic plan that includes a funding component.***

In order to assure long-term viability of the organization, the CAC should undertake a comprehensive planning process. This plan should explore program needs, staffing levels, and funding for future growth and sustainability.

The CAC has an identified location that is a separate, child-focused setting designed to provide a safe, comfortable and neutral place where forensic interviews can be conducted and other services can be provided for children and families. CACs range from small, refurbished houses, to a renovated wing of a county office building or community hospital, to newly built facilities.

***B. The CAC has written policies and procedures that ensure separation of victims and alleged offenders.***

The CAC has a setting that is physically and psychologically safe for child clients and separation for children and alleged offenders is ensured. During the investigative process, logic dictates that children may not feel free to disclose abuse if an alleged offender accompanied them to the interview and was sitting just down the hall in the waiting room. This separation of children from alleged offenders should also extend to children and perpetrators in unrelated cases. If a CAC shares space with an existing agency that provides services to offenders, facility features must assure separation between children and non-offending family members and alleged offenders.

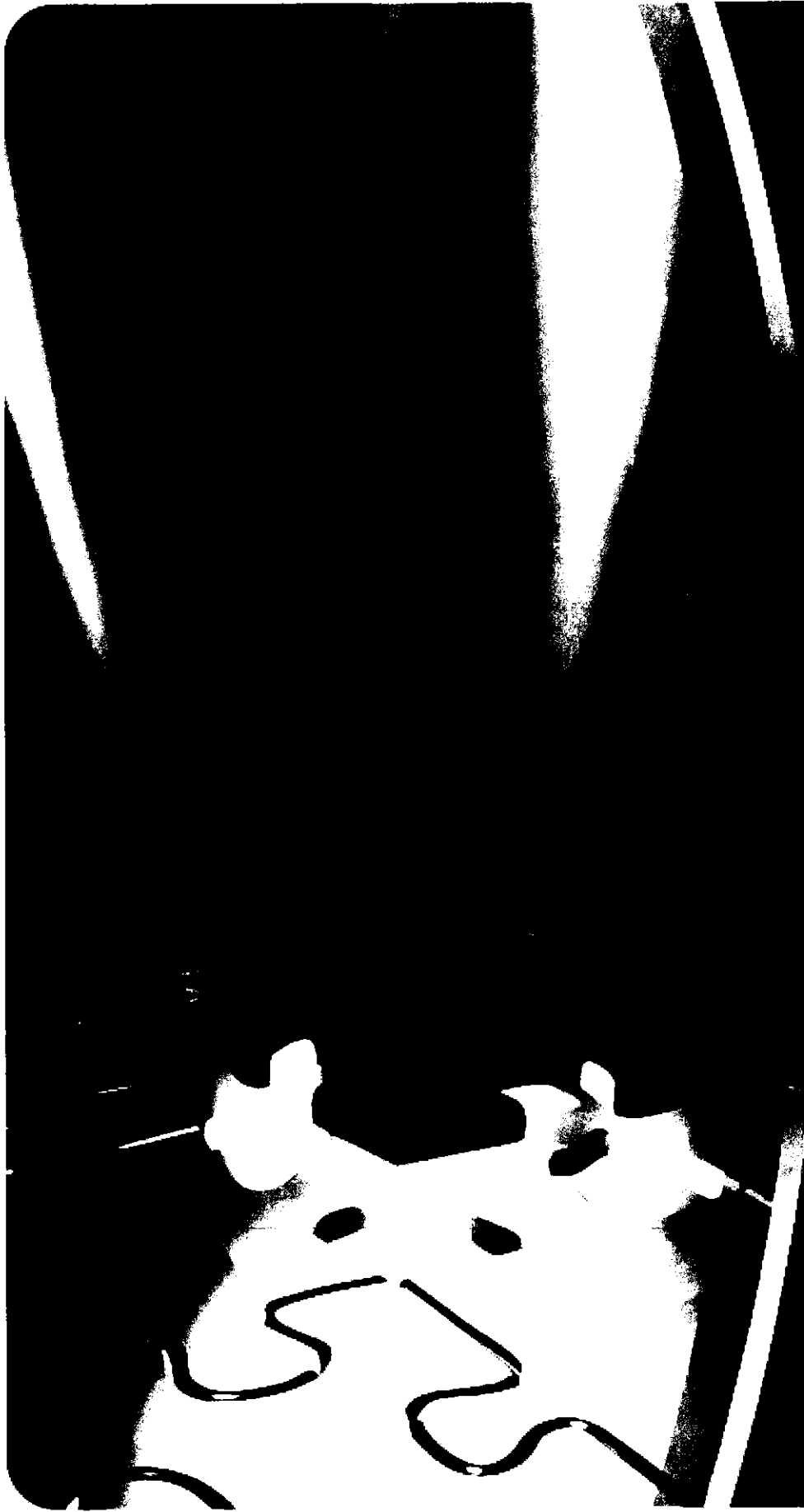
The CAC has written policies and procedures that ensure the separation of victims and alleged offenders during the investigative process and as appropriate throughout delivery of the full array of CAC services. In addition, CACs that serve sexually reactive children should also make provisions to assure physical and psychological safety of all children who visit the center.

***C. The CAC makes reasonable accommodations to make the facility physically accessible.***

Recognizing that not all centers are located in custom-designed or new buildings, CACs should make reasonable accommodations to make the facility physically accessible. If the CAC cannot be structurally modified, arrangements for equivalent services are made at alternate locations. The Americans with Disabilities Act (ADA) and/or state legislation can provide guidelines on accessibility.

***D. The facility allows for live observation of interviews by MDT members.***

Understanding that multiple interviews and/or multiple interviewers is often stressful for children, interviews should be observed by MDT members in a space other than the interview room to reduce or eliminate a need for separate interviews, whether or not interviews are recorded. The MDT should also be able to communicate with the interviewer to provide input and feedback during the live interview with the child.





# **Law Enforcement Investigations Presented to Child Safety Task Force**

**Sergeant Genea Stephens  
Glendale Police Department  
Glendale Family Advocacy Center**

**November 29, 2011**

# *Maricopa County*



## **Multidisciplinary Protocol for the Investigation of Child Abuse**

Developed by the  
Interagency Council

## **Maricopa County Children's Justice Project**

*Created July 1995*

*Revised July 1999, September 2003, June 2004, August 2008*

# *Advocacy Centers*

Advocacy Centers represent a best practice in the investigation of crimes against children.



Advocacy Centers offer a less intimidating atmosphere which is comfortable for children, private, victim friendly & SAFE.



# Vocabulary Centers in Arizona



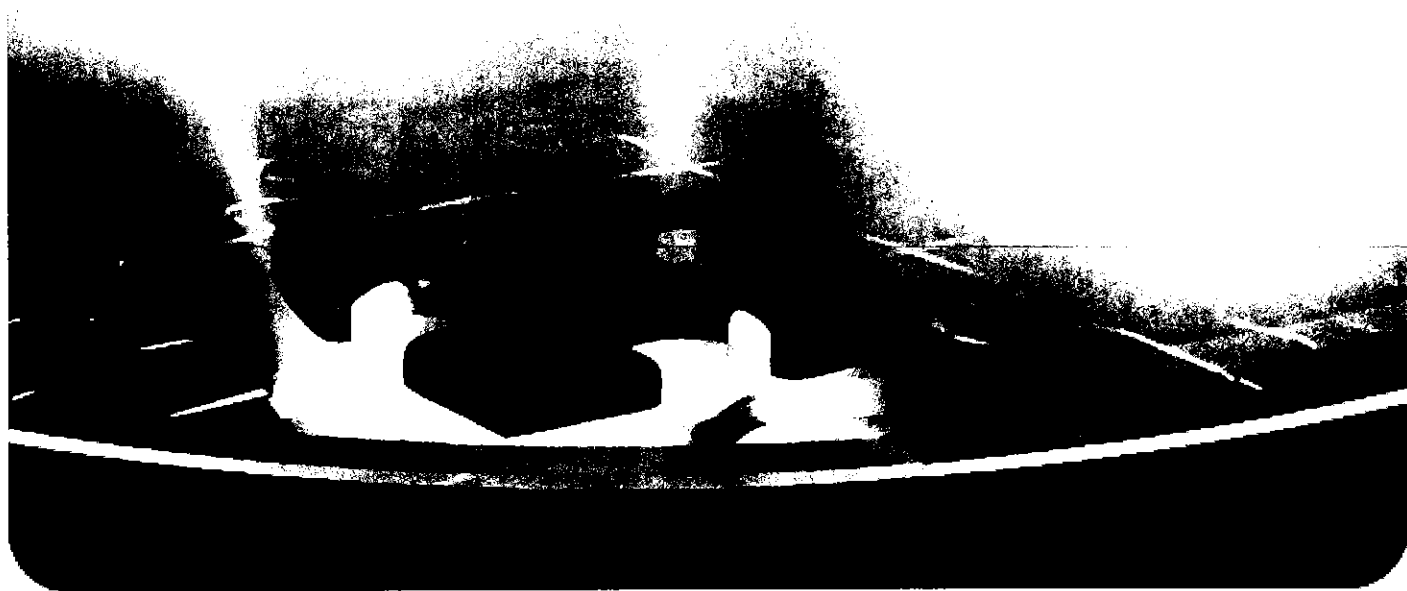


*Resource Availability*

Different sized agencies

Different services in  
different communities

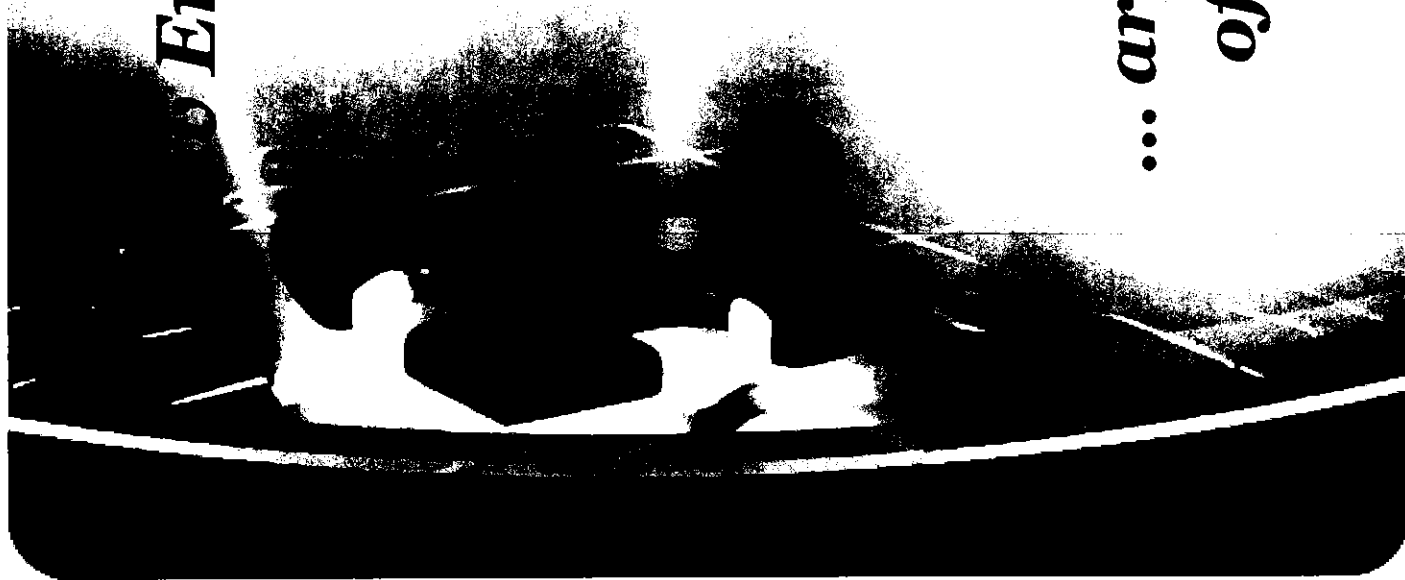
# *Training*



# *Law Enforcement Investigations*



*... are focused on allegations  
of Criminal Conduct*



# *to Enforcement Investigations*



*... are focused on allegations  
of Criminal Conduct*



# ***Law Enforcement Investigations***

***Patrol Officers  
Detectives  
Forensic Interviewers***

*in collaboration with*

***Child Protective Services***

***Maricopa County Attorneys Office***

## *Interview & Monitor Room at an Advocacy Center*

A child friendly interview room, in which the camera and microphone are concealed.

A separate room where members of the multidisciplinary team can monitor the interview and where the recording equipment is stored.



# *Questions?*





## **ASU Involvement in Child Welfare Workforce Development and Research: Experiences, Challenges, and Opportunities**

Testimony to the Arizona Child Safety Task Force  
November 29, 2011

Steven G. Anderson, Director  
School of Social Work  
College of Public Programs  
Arizona State University

Thank you very much for the opportunity to testify before the Task Force on this important topic. The Arizona State University School of Social Work (SSW) has an over 30-year history of partnering with the Arizona Department of Economic Security on child protective services workforce development and research issues. This relationship has evolved over time with changing needs, funding regulations, and broader systems issues, and must continue to do so. We at ASU are committed to working with DES in this ever changing context to improve the education and training for workers across the child welfare system, as well as to evaluate services and to strategize on the design of child welfare service systems.

Like DES Director Clarence Carter, I am relatively new to my positions as ASU School of Social Work Director, having assumed this role in January. I share with Director Carter a resolve to creatively think through how we can improve the service system for abused and neglected children. ASU President Michael Crow also has recognized the fundamental importance of this issue, and has strongly encouraged my colleagues and me to think beyond traditional strategies and academic boundaries to bring new ideas forward as we work with our state and community partners.

I would like to reiterate Director Carter's recognition of the fine work done by CPS professionals. My initial experiences in learning about the efforts of faculty and staff at ASU have provided me with similar lessons. That is, a dedicated cadre of educators at ASU has been working very hard on children's services issues for many years, and has made countless contributions to developing the child welfare workforce and related best practice efforts. More broadly, since beginning my career as a 22-year old working with runaways and other troubled youth, I have had the opportunity to work with and observe child welfare systems both as a legislative staff member and as a university faculty member. I have reached the firm conclusion

that most people continue to work in these often difficult service situations because they share a common bond of wanting to protect and promote the well-being of disadvantaged children. This bond transcends legitimate philosophical differences regarding the best means for creating positive change, and hopefully does not get lost as we contemplate alternative service system designs and implementation strategies.

I was asked to focus my comments on providing information on the child welfare education and workforce development collaboration between ASU and DES. The following slides will highlight the history and scope of these efforts; the primary funding source; our current operations; and some challenges in and potential opportunities for enhancing child welfare workforce development, management, and research.

**ASU Involvement in Child Welfare  
Workforce Development and Research:  
Experiences, Challenges, and Opportunities**

Testimony to the Arizona Child Safety Task Force  
November 29, 2011

Steven G. Anderson, Director  
School of Social Work  
College of Public Programs  
Arizona State University

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**History of DES – ASU Collaboration**

- 30-year partnership between DES and SSW
- Consistent focus on education of MSW and BSW students before entering DES employment
- Also in-service training, supervisor and manager training, workforce research, and evaluation
- Projects are through SSW Child Welfare Training Project (CWTP), and Center for Applied Behavioral Health Policy (CABHP)

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**Federal Title IV-E Training Funds**

- Title IV-E has provided most training support
  - IV-E provides funding to states for children in out-of-home care (i.e., foster care and adoption services)
  - Related funds support state training costs, including for State-University partnerships
  - 75% federal contribution, with variety of ways to provide match (i.e., faculty time, state and local funds)

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### Allowable Training with Title IV-E Funds

- Wide range of functions associated with removal of children from the home and out-of-home care issues
- Training can be for current or prospective employees, and can include foster and adoptive parents
- Training is limited to service functions after initial determinations are made (not for investigations)

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### State-University Partnerships

- Subject to overarching federal framework regarding allowable cost, training activities, etc.
- However, considerable flexibility in the training provided, delivery methods, and other features
  - Subject to ongoing state and university planning and negotiation regarding most important needs

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### Current ASU Work Force Development and Research Efforts

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### MSW Education Program

- Pre-service support for 61 MSWs in 2011-12 (two-year program)
  - All students take child welfare specialization
    - Coursework tailored to CPS work
    - Field placements in CWTP-run field placement offices (Phoenix, Tempe, and Tucson)
    - Provides in-state tuition and fees, \$600 monthly stipends
    - Requires students to work for DES for 18-24 months
- New component for 15 current DES employees

### BSW Education Program

- Pre-service support for 40 BSW students in 2011-12 (juniors and seniors)
- Specialized coursework on child welfare service systems and child abuse/neglect
  - Receive in-state tuition and fees
  - Placement in CWTP (Glendale) or CPS offices
  - Students in Phoenix and Tucson
  - Requires students to work for DES for 12-24 months

### Summary of SSW IV-E Supported Students

	Current Participants (Academic Year 2011-2012)	Expected Graduates (Academic Year 2011- 2012)
Bachelor of Social Work (BSW)	40	17
Master of Social Work (MSW) pre-service	61	30
MSW Current DES Employees	15	0
Total IV-E Funded	116	47

### Supervisory, Management, and In-service Online Training

- Since 2008, ongoing training for all CPS supervisors (approximately 300 supervisors)
- Training for Assistant Program Managers (APM), most recently through new Advanced Leadership Academy (CABHP)
- Selective involvement in online training development and support for current workers

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### Selected Evaluation and Research Projects

- Facilitation of Statewide Citizen's Review Panels, providing community input to CPS policies and programs (CABHP)
- Evaluation of Arizona Families FIRST program (CABHP)
- Analysis of DCYF Supplemental Exit Survey (reasons for leaving employment) and related workforce data

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### Challenges in Child Welfare Workforce Development and Broader Child Abuse and Neglect Education

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### Lack of Trained Social Workers in CPS

- A minority of child protective services workers have social work degrees, and even fewer have been through IV-E training program
  - Estimated 34% of CPS workers had MSW or BSW degrees in 2011 (similar to national average)
  - About 10-15% are graduates of SSW IV-E training
  - Current efforts will at best replace departing trained workers

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### Limitation of Training as an Isolated Child Welfare Workforce Development Strategy

- Enhanced training – both qualitatively and quantitatively – can improve system performance
- But it is inadequate to slow workforce turnover without reasonable caseloads, strong supervisory support, career ladders, and competitive salary structures

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### The Need for Public Engagement in Responding to Serious Child Abuse

- Improving CPS system performance is critical, as is concern with cases involving state contact
- But only 18 of 70 (25.7%) of child maltreatment fatalities in 2010 had prior CPS involvement
  - Without greater public awareness, reporting, and related prevention services, even important workforce and systems improvements will leave a major untouched problem

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### Selected Opportunities for Enhanced Workforce Development and Research Contributions (Discussion Points)

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### ASU Pre-Service Training Efforts

- Continued work between ASU and DES to maximize Title IV-E training opportunities
- Increased multidisciplinary collaboration to enhance BSW/MSW educational content (investigative techniques, enhanced legal training, infant and child development, child safety assessment)
- Training for Criminology and Criminal Justice students on child abuse and neglect issues
- Possible child abuse and early childhood intervention undergraduate certificate program

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### Training for Current DES Employees

- Create advanced in-service training on child safety assessment
- Create organizational culture sensitive to the high stress nature of CPS, through leadership and supervisory training
  - Expand supervisory training on issues such as recognizing risk, engaging clients, and effective community programs
- Expand online training and support to assure worker access to best practice information
- Assure workers are well-trained to interface with service agencies so that appropriate resources are accessed (i.e., law enforcement, behavioral health and health systems)

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### CPS Workforce Retention

- Re-enforce recent DES efforts to streamline case processing and focus on essential functions
- Establish and implement reasonable caseload standards, compensation packages, and career ladders
- Expand opportunities for CPS workers to return to school for advanced degree training
- Develop online exchanges between workers to share ideas and provide supportive environment

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### Broader Public Awareness and System Experimentation

- Create public awareness campaign regarding child abuse and neglect to improve family and community response
- Create new service initiatives to bring university and community expertise to the child abuse and neglect arena (Teach for America concept)
- Experiment with multidisciplinary teams or other approaches to investigation and service delivery
  - Carefully evaluate the impact of such alternatives, employing sound research designs

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